

APPLICATION DATA SHEET**Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?: Paper

Computer Readable Form (CRF)?:: No

Number of copies of CRF::

Title :: METHODS FOR DIAGNOSING AND
EVALUATING CANCER

Attorney Docket Number:: 100086.407C12

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets:: 4

Small Entity?: Yes

Petition included?: No

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No::

Secrecy Order in Parent Appl.?: No

First Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	Orest
Middle Name::	W
Family Name::	Blaschuk
Name Suffix::	
City of Residence::	Westmount
State or Province of Residence::	QC
Country of Residence::	Canada
Street of mailing address::	4998 de Maisonneuve West, Suite 1520
City of mailing address::	Westmount
State or Province of mailing address::	QC
Country of mailing address::	Canada
Postal or Zip Code of mailing address::	H3Z 1N2

Second Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	James
Middle Name::	Matthew
Family Name::	Symonds
Name Suffix::	
City of Residence::	Durham
State or Province of Residence::	NC
Country of Residence::	US
Street of mailing address::	232 Morcroft Lane

City of mailing address:: Durham
State or Province of mailing address:: NC
Country of mailing address:: US
Postal or Zip Code of mailing address:: 27705

Third Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Great Britain
Status:: Full Capacity
Given Name:: Stephen
Middle Name::
Family Name:: Byers
Name Suffix::
City of Residence:: Washington
State or Province of Residence:: DC
Country of Residence:: US
Street of mailing address:: 1723 Webster Street Northwest
City of mailing address:: Washington
State or Province of mailing address:: DC
Country of mailing address:: US
Postal or Zip Code of mailing address:: 20011

Fourth Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Barbara
Middle Name:: J
Family Name:: Gour

Name Suffix::
 City of Residence:: Kemptville
 State or Province of Residence:: ON
 Country of Residence:: Canada
 Street of mailing address:: 2890 Donnely Drive, RR#4
 City of mailing address:: Kemptville
 State or Province of mailing address:: ON
 Country of mailing address:: Canada
 Postal or Zip Code of mailing address:: K0G 1J0

Correspondence Information

Correspondence Customer Number :: **00500**

Representative Information

Representative Customer Number::		00500
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Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation of	09/305,928	05/05/99
09/305,928	Continuation in Part of	09/234,395	01/20/99
09/234,395	Continuation in Part of	09/187,859	11/06/98
09/187,859	Continuation in Part of	09/073,040	05/05/98

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name::	Adherex Technologies, Inc.
Street of mailing address::	600 Peter Morand Crescent, Suite 220
City of mailing address::	Ottawa
State or Province of mailing address::	ON
Country of mailing address::	Canada
Postal or Zip Code of mailing address::	K1G 5Z3